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SERIAL NUMBER 10/042,106	FILING DATE 01/07/2002 RULE	CLASS 221	GROUP ART UNIT 3651	ATTORNEY DOCKET NO. PYX3019C1
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** CONTINUING DATA *****

This application is a CON of 09/087,388 05/29/1998 PAT 6,116,461 *
and is a CON of 09/589,552 06/07/2000 PAT 6,338,007

(*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 23	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials	

ADDRESS

43971

CARDINAL HEALTH

7000 CARDINAL PLACE

LEGAL DEPARTMENT - INTELLECTUAL PROPERTY

DUBLIN, OH

43017

TITLE

SYSTEM AND APPARATUS FOR THE DISPENSING OF DRUGS

<p>FILING FEE RECEIVED 762</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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